

CERTIFICATE OF LICENSE TRANSFER - MOTOR VEHICLE SALESPERSON

Access this form via website at: www.state.hi.us/dcca/pvl

Instructions:

- 1. Complete Section A and have new employer complete Section B.
- 2. Attach pocket identification card and \$10* transfer fee.
Make check payable to: *COMMERCE & CONSUMER AFFAIRS*
- 3. Deliver or mail to: *Motor Vehicle Industry Licensing Board
DCCA, PVL, Lic Branch
1010 Richards Street, P.O. Box 3469
Honolulu, HI 96801
Phone: (808) 586-3000*

***A \$15.00 service fee will be charged for checks which are returned by the bank.**

FOR BOARD USE ONLY

Approved at Board Meeting on _____

SECTION A. TO BE COMPLETED BY LICENSEE	Name (First-Middle-LAST)		LICENSE NUMBER		EXPIRATION DATE	
	Residence Address (Include apt. no., city, state and zip code)		STATE OF HAWAII DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS			
	Mailing Address (if different from residence)		ATTACH POCKET IDENTIFICATION CARD HERE.			
	Social Security No.		Residence Phone No.		(Signature of Licensee) _____	
	Your former dealer employer must notify the Board of your termination. Has your employer done so?		Name and Business Address of LAST motor vehicle dealer employer:			
	YES NO		Employment dates with above employer: From: _____ To: _____			
I hereby certify that the information contained in my original application remain unchanged as of this date, except the period of employment noted above. I also certify that I will engage in the business or negotiate for sale of motor vehicles for the employer designated below only and that the statements contained in this application are true and correct.						
_____ Date						
_____ Signature of Licensee						
SECTION B. TO BE COMPLETED BY PROSPECTIVE DEALER EMPLOYER	Name and Principal Business address of Dealer:		It is hereby certified that the above-named will be employed effective _____ as a motor vehicle salesperson or broker's agent by the undersigned.			
	Mailing Address of dealer if different from actual location:		_____ Signature of Authorized Person			
	Dealer License number:		Business Phone No.		_____ Date	
		Print Name _____				
		Title _____				

Transfer fee 365 \$10
Service fee BCF \$15